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Executive Summary

Title: The American History of PTSD: Civil War - Vietnam

Author: Major Sean M. Roche, United States Marine Corps

Thesis: To understand the nature of the problem we face today it is important to understand the extensive existence of PTSD throughout the history of America.

Discussion: By researching the transformation of Post Traumatic Stress Disorder (PTSD) from an ill understood disorder during the Civil War, World War I, and World War II to a readily accepted diagnosis which began during the Korean War and furthered through the Vietnam War essential historical tenants and lessons learned appear. The good and bad practices resulting through much trial and error must be codified, studied, and implemented to ensure the military does not disregard the lessons of past generations.

Conclusion: PTSD continues to affect numerous soldiers long after the battles of the war; however, it is important for them to understand they are not alone. PTSD played a pivotal role during and after every war America has fought.

United States Marine Corps
Command and Staff College
Marine Corps University
2076 South Street
Marine Corps Combat Development Command
Quantico, Virginia 22134-5068

MASTER OF MILITARY STUDIES

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The American History of PTSD: Civil War- Vietnam

SUBMITTED IN PARTIAL FULFILLMENT
OF THE REQUIREMENTS FOR THE DEGREE OF
MASTER OF MILITARY STUDIES

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Sean M. Roche, Major/ USMC

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Approved: Edward Erickson
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SEAN ROCHE

Introduction

During a breakfast conversation with former Company Commanders who led Marines during Operation Iraqi Freedom (OIF), the topic of conversation turned to Marines, within each company, who served with distinction, often awarded medals for valor, but upon the conclusion of the unit's tour of duty the Marines demeanor dramatically changed. Once outstanding Marines suddenly behaved completely out of character and no matter what attempts the leadership made to help the Marine they proved unresponsive. The stories often produced tragic outcomes in which the actions of the Marine led to significant legal trouble and within the more unfortunate the outcome resulted in suicide. During our discussion, numerous questions emerged however; two of them remained with me for weeks after. The first was why Marines capable of making such heroic decisions on the battlefield would make such poor decisions upon their return and how could Marines that seemed so normal prior to combat would be so different after? The conversation haunted me so I began to research the topic.

In conducting numerous hours of research, the answer that repeatedly arose was that the Marines suffered from Post Traumatic Stress Disorder (PTSD). PTSD is one of the most renowned stress disorders within the medical world affecting thousands of individuals both military and civilian. Exposure to high levels of witnessed and/ or experienced trauma often receives attribution. Furthermore, the Diagnostic and Statistical Manual of Mental Disorders (DSM) acknowledges that, "in many instances this diagnosis applies to previously more or less "normal" persons who experience intolerable stress".[1] Due to the horrifying actions "normal" Marines and Soldiers must perform during the conduct of War, many of the combatants suffer

the after effects long after the battle in the form of PTSD. However, only towards the end of the twentieth century did PTSD receive a well-defined definition and/or diagnosis. This is irrespective of the fact history is replete with numerous accounts and experiences of traumatic exposure.

At the conclusion of each war, soldiers often demonstrated the after affects of combat trauma by displaying certain physically similar characteristics. Medical practitioners tried to agree on a diagnosis that covered the symptoms, cause, and prescribed treatment. During the American Civil War, soldier's actions upon the conclusion of the War, led to a diagnosis of *soldier's heart.* During the First World War, veterans demonstrating similar characteristics received a diagnosis of *shell shock*; reports detail similar accounts during the Second World War, the Korean War, and the Vietnam War. Therefore, to understand the nature of the problem we face today it is important to understand the extensive existence of PTSD throughout the history of America.

The founding of the United States of America began with the American Revolution as such almost every succeeding generation suffered its war.

> "Veterans and families of U.S. War Veterans have known about what became PTSD even before our Revolutionary War. Indian massacres produced their own PTSD victims. Many American fighters against the Indians stayed away from civilized centers and became mountain men. Isolation and solitude became their PTSD treatment".[2]

However, the readily accepted diagnosis of PTSD only recently received a clearly understood and agreed on delineation. The following pages will chart the course PTSD took through each of the major battles this country has fought.

The Civil War

The first exploration in tracing the American view of PTSD begins with the Civil War fought between the years 1861and1865; it remains one of the most lethal wars in world history. Over 3.1 million soldiers fought with 1 in 4 wounded or killed in action, 214,000 died in combat.[3] The trauma of battle caused significant mental trauma; however, the fact that only 17,700 Civil War veterans' postwar medical records document mental trauma demonstrates a lack of accountability on the subject.[4] Military physicians in response to the symptoms of PTSD initially associated the emotionally disabling behavior to the stress and fear of combat. Soldiers who demonstrated mental or physical fatigue were diagnosed as having "Soldier's Heart".[5]

Research reveals that during the Civil War the infantry soldier experienced tremendous hardships due to wartime conditions. In the case of the 11th Indiana Infantry, soldiers conducted an average of 10 miles a day under forced march conditions.[6] This was not just a southern problem as testified to by a northern soldier when he noted and stated that walking for 12 miles a day would not hurt anyone but the crushing thing was the accompanying knapsack, which carried clothes, half tent, weapons, ammunition, blanket, as well as several days' rations.[7] Men marched through suffocating dust, under the blazing sun, with no breaks allowed. The conditions caused significant trauma.[8] A weak heart or "soldier's heart" resulted in many men becoming violently ill experiencing convulsions, often leading to death from heat stroke.

Civil War soldiers on both sides faced situations that caused them to experience fear and anxiety.[9] Men found themselves exposed to combat, death, and mutilation of friends and comrades; spectacular episodes resulting in the wholesale slaughter of the enemy at a distance of

less than bayonet length, prisoners executed, and deadly diseases confronted them, which caused significant mental and physical trauma. Many of them were young boys with no understanding of the mental wounds they experienced.

Another significant point to note is that there were no periods of rest and relaxation during the Civil War. Soldiers did not rotate in and out of battle they were only away from the battle to recuperate from serious injuries. This exacerbated the traumatic conditions because to the men involved this became their norm. Moreover, if soldiers refused to go back to the battle; some were shot dead, a prospect that undoubtedly caused additional disabling stress.

In line with identifying symptoms, Doctors attempted to recognize and catalog "soldier's heart" symptoms. The emotional state of the soldier usually would manifest through increased irritability, hostility to, and mistrust of other people, and aggressive behavior. The soldiers queried reported incidences of extreme depression, avoidance, negativity, anxiety, recurring memories of the traumatic event, and hopelessness.

Serious medical practitioners tried to identify specific triggers that caused the onset of the disorder. In doing so, they identified both active and inactive forms. Soldiers under constant fire or the fear of a looming confrontation could equally lead to the manifestation of the disabling disorder. Additionally, soldiers experiencing ambush tactics, witnessing comrades killed or injured, or in the larger perspective, witnessing dead bodies correlated to extreme trauma triggers in a soldier's life. The only agreement was that the trauma of war led to the disorder. Nevertheless, the question remained, "Why some and not all?"

The acceptance of "soldier's heart" was as divisive as the war itself. Many times the public, friends, and the families of those affected received them with great warmth intent on dispelling the traumatic event or conditions. Friends and family that welcomed the returning soldiers often played an attributing factor in dissipating the disorder. Soldiers recounted their stories allowing them to unknowingly dispel their mental wounds. The ritual of acceptance and celebration by appreciative civilians usually came in the wake of a successful military effort. In this context, the Confederate troops during the Civil War given to "the lost cause" were celebrated and deified even in defeat.[10] Acceptance and celebration served as a factor that served to heal the soldiers from psychological problems.

Conversely, the antithesis frequently occurred in which the public condemned a "soldier's heart" diagnosis as a cowardly action. Soldiers were encouraged to face the totality of war without the thought of retreating. In other words, it was better for a soldier to die in the conduct of their duties than to return suffering from the traumatic experiences. It is arguable that the public was unwilling to accept Civil War veterans who escaped in war yet demonstrated PTSD symptoms victims -- but embraced those that fought and died with courage.[11]

World War I

The United States entered the First World War April 6, 1917. Eventually, over 4.7 million soldiers served in which 106,000 died in action and 204,000 were wounded.[12] "Shell shock" was the term associated with the mental after affect caused by participating in World War

I. Over 40 percent of the casualties in fighting zones were victims and by the end of the war, over 80,000 allied cases passed through British Army medical facilities.[13]

The belief that psychological combat trauma stemmed from changes in the air pressure immediately following the explosion of artillery shells led to the name *Shell Shock* as the readily accepted reference for the disorder during World War I.[14] In this regard, it is important to mention that medical practitioners during World War I did not fully understand its cause. However, Post Traumatic Stress Disorder was associated or rather perceived as a male disorder, specifically a male version of hysteria.

An identifiable trigger resulting in a "shell shock" diagnosis was complicated due to the varying nature of its onset. "Shell shock" symptoms often manifested during the early stages of the disorder; however, the fact that symptoms also manifested during latter stages resulted in difficulty identifying the cause. The identifiable symptoms of "shell shock" included convulsive attacks or 'epileptiform fits', sudden flight to the rear lines during attack, failure to recognize comrades, inability to answer questions, refusal to advance against the enemy even under coaxing or orders, and lying prone, 'trembling and cowering'[15]. In some cases, victims elicited symptoms that were associated with memory trouble, headache, lethargy, tremors, disorientation in time and space, hallucinations, stupefaction, and headaches.

Arguably, while most of the above symptoms were transient, "shell shock" casualties often also suffered from more enduring problems like headaches that were "intractable and unrelieved by analgesic drugs', changes in character, persistent memory dysfunction, blindness,

excessive emotional outbursts, and 'various forms of terror and fear"[16]. The prevalence of these symptoms among the war veterans and soldiers during World War I resulted in the conduct of numerous studies. Nevertheless, the combination of a difficulty in identifying an all-encompassing trigger with an inability to recognize susceptible character traits led to numerous "shell shock" theories, most of which were misguided.

It is important to understand that the identification of the correct happenstance of "shell shock" never occurred because the diagnosis involved identifying key symptoms associated with exploding shells. According to the BBC, although each patient developed symptoms of loss of vision, smell, and taste, they suffered no hearing loss despite the main insult being the noise of the explosion.[17] However, it was easy to refute the belief that "shell shock" resulted from exploding shells because there was no affect on the hearing of those demonstrating symptoms. Therefore, many medical practitioners did not agree with exploding artillery shells as a causational factor tending to believe that "shell shock" was a nervous disorder. For some practitioners, "shell shock" was perceived as a wound or neurological lesion.[18]

"Shell shock" not only caused adverse effects on the soldiers involved in the conduct of World War I but also the nations involved in the conduct of the war. The nations that took active roles in battle during World War I required as many soldiers as possible; the outbreak of "shell shock" caused a conundrum. The onset of PTSD symptoms caused a detrimental effect on numbers because PTSD forced a nation to relieve a soldier from duty; therefore, this exposed them to the risk of losing the war. The result of this quandary initially led to soldiers who demonstrated symptoms associated with the onset of "shell shock" treated as cowards, facing

charges of treason and in divisive cases resulting in their execution. As the war continued to escalate, the number of victims increased exponentially resulting in a public demand that the government investigate or carry out research on the cause, symptoms, and treatment of the disorder. Notably, "Governments suddenly found themselves confronted with sizable numbers of men who claimed to be unable to fight, but showed no visible signs of wounds."[19] Public frustration supported growing anti-war movements in the countries involved.

The recognized treatment procedure for "shell shock" involved administering a hypnotic therapy designed to restore the victim's memory through the trancelike repetition and abreaction of the shattering event.[20] The administered therapy aimed to restore the memory of the victims and electronic shock therapy proved popular in this regard. Medical practitioners regarded the memory as the key to successfully helping shell shock victim recover from its disabling affects. Notably, they contended that the cure rested in the restoration of the repressed memory. Additionally, doctors understood two key components required in the treatment of those affected – rest and relaxation.

Inevitably, numerous soldiers from all ranks received a "shell shock" diagnosis, thus having a tremendous impact on all of society.[21] In understanding the impact, it is important to understand society's acceptance; most PTSD sufferers received care from their family and friends as well as charitable organizations. However, fear and in some cases restlessness accompanied those family members and friends faced with soldiers demonstrating "shell shock" manifestations. Therefore, arguing from this point, one can conclude that "shell shock" victims were widely accepted by their family members and friends. Furthermore, they received direct

and indirect support from the general public forcing governments to rethink cowardice as a trigger and additionally holding the responsibility for the care and welfare of PTSD sufferers.

World War II

The United States entered the Second World War December 7, 1941 due to the Japanese attack on Pearl Harbor. Eventually, over 16 million soldiers served in which 291,000 died in action and 671,000 were wounded.[22] Notably, although records of World War I indicate extreme casualty numbers due to mental injuries, understanding and diagnosis of PTSD at the beginning of World War II did not advance. The "lessons learned" were quickly forgotten. "Soldier's heart" and "shell shock" were now termed "battle fatigue" or "NP casualties," "old sergeant's syndrome," "combat fatigue," and "the two-thousand-mile stare."[23] The vast array of terms for the disorder characterizes the nature of the problems its sufferers faced. The most common was "battle fatigue" to which most unaffected soldiers called fellow combatants, "cowards and weaklings." [24]

The most commonly reported symptoms were fatigue, heart palpitations, diarrhea, acute headache, the inability to concentrate, forgetfulness, somatic symptoms, and disturbed sleep.[25] Other common symptoms involved tiredness, loss of initiative, indecisiveness, inattention, and general apathy. These accompanied other manifestations of PTSD such as anxiety and depression.[26]

It is important to understand that the conditions or rather the symptoms of "battle fatigue" worsened with time when not treated. In 2003, the Department of the Army argued that most

soldiers diagnosed with simple fatigue or exhaustion eventually resulted in full "battle fatigue" if they remained on the lines. Medical practitioners administered a number of different treatment procedures to soldiers diagnosed with "battle fatigue". Most victims participated in group therapy as a way of easing the effects of "battle fatigue" as well as putting them on a recovery program. In line with this, the affected people were grouped together and then given a generalized therapy by a skilled therapist.[27] This was particularly effective; however, its success was hampered because of the limited number of therapists authorized to administer therapeutic services.

Similarly, other treatment methods prescribed during World War II included the use of tranquilizers, narcoanalysis, and hypnosis. The vastness of psychiatric problems during the Second World War necessitated the requirement to provide neuropsychiatric services for troops, especially for those who were involved in active battles with the enemy. "It is argued that high rates of psychiatric casualties related to combat became topics of military and public concerns and therefore, the United States Army organized a special research unit, which included many notable social scientists to find lasting solutions to battle fatigue problems."[28]

Lastly, hypnosis as a treatment technique for "battle fatigue" proved to be one of the most effective methods of ensuring long lasting recovery. However, the negative connotations associated with hypnotism ensured that only a small percentage of those affected received this treatment.

In World War II, as noted by Helmus and Glenn, there were challenges inherent in the identification and diagnosis of combat stress reactions popularly known as "battle fatigue".[29] The diagnosis of this disorder involved checking the patient's war history during the course of providing a general physical examination. Specifically, doctors examined how recent the patient served in a combat unit. The physical examination involved a complete neurological examination during which doctors paid specific attention to the patients pulse and blood pressure looking for abnormalities. The examination sought to identify physical injuries that could hinder the recovery process.

Soldiers of the Second World War received little information about "battle fatigue". Leaders did however, provide varying levels of instruction on the disorder, but they perpetuated the problem by characterizing "battle fatigue" as an easily treatable minor disorder that allowed soldiers a quick return to the battle. Medical practitioners further exasperated the problem through their unwillingness to provide a "battle fatigue" diagnosis. Much of this dealt with pressure from senior leadership discouraging a "battle fatigue" diagnosis to avoid the loss of the soldier from duty due to their admittance into treatment. In this regard, soldiers with acute combat stress reaction were more likely to return to duty if treated quickly and near their combat units and received a diagnosis of a normal response to extreme stress rather than an abnormal condition.[30] Unknowingly, the insistence on quick treatment with minimal loss of duty resulted in discovering what is now an accepted treatment protocol for alleviating the initial manifestation of PTSD.

Society during the Second World War period and thereafter treated "battle fatigue" victims with a negative perception.[31] Public opinion viewed sufferers of "battle fatigue" as failures during a time of national crisis and society viewed them with displeasure often associating its sufferers with that of a traitor. In this regard, both the casualty and society tended to perceive a combat stress reaction as a failure and betrayal.[32] Therefore, most victims of "battle fatigue" suffered additionally from low self-esteem further compounded due to social rejection for actions commonly attributed to betrayal and cowardice. Moreover, the societal view considered "battle fatigue" a personal problem and therefore segregated sufferers drastically inflaming its characteristics. This occurred due to a misunderstanding of the seriousness of the disorder. The World War II experiences forced medical practitioners to enlighten soldiers, leaders, and the public on the seriousness of the problem among those afflicted.

The Korean War

The Korean War began on June 25, 1950. Eventually, over 1.7 million soldiers served in theatre in which 33,000 died in action and 103,000 were wounded.[33] In similarity with previous American excursions into war, the Korean War resulted in numerous Post Traumatic Stress Disorder victims. However, it is important to mention that at the onset of the Korean War most medical practitioners understood the seriousness of PTSD. The most common naming convention for PTSD was *gross stress reaction;* however, *combat fatigue* and *battle fatigue* commonly received reference. The Korean War witnessed the first time medical practitioners realized the importance and requirement to study the disorder.[34] Doctors finally understood that the attribution for its onset resulted after an exposure to extreme emotional stress or severe physical demands.

The victims of "gross stress reaction" (as termed during the Korean conflict) manifested varying divergent symptoms. Prisoners of War became a special concern during this period in spite of the fact that there had been POWs in all of the previous wars. It was found that the POWs during the Korean conflict demonstrated poor concentration capabilities, attention, and memory.[35] Similarly, many indicated problems such as weight loss, brain damage and intellectual impairment. Additional manifestation characteristics included somatic preoccupations, clinical depression, interpersonal attachment, negative ruminations, social alienation, and self-devaluation. Doctors, through the use of stress or anxiety related diagnostic process modules, confirmed that war veterans suffering from gross stress reaction did suffer mental disorders due to extreme trauma.

In 1952, there was a substantial development in the chronology of PTSD. The American Psychiatric Association's (APA) Committee included "gross stress reaction" as a specific psychiatric category in its Diagnostic and Statistical Manual of Mental Disorders (DSM I). Doctors justified the inclusion of its diagnosis in cases attributed to "severe physical demands or extreme stress, such as in combat or in civilian catastrophe." Furthermore, the DSM I acknowledged that "in many instances this diagnosis applies to previously more or less "normal" persons who experience intolerable stress.[36]

The "normal" person line within the DSM attracted sympathetic perceptions from the public and in particular the medical world. Due to the DSM, multiple studies resulted in trying to understand the causes and treatment of PTSD. The high interest in the study of Post

Traumatic Stress Disorder during and after the Korean War attributed to societal interaction in the healing process of victims by according them support.

Treatment during the period varied tremendously because of the diverse experience levels within medical practitioner. The widest disseminated procedure actually adversely affected those afflicted. The antithesis of the World War II practice of front line treatment witnessed psychological victims pulled from their units and sent to the rear. This allowed men the ability to rest and relax easing the mental stress but only alleviated short-term concerns. Rest and relaxation rotations proved varying benefits; however, a large percentage of combat soldiers manifested further stress and trauma upon their return. Conversely, the rotational rest and relaxation system, employed during the Korean War, attempted to alleviate the onset of the disorder by easing the mental requirements for all involved in the war. However, we now know rest and relaxation periods during a tour of duty actually propel the onset of the disorder.

The Korean War marked the first contingency in which America entered with PTSD playing a role in the planning. By the beginning of the Korean War, psychiatrists began to recognize PTSD.[37] The American military still had yet to agree on a definition, diagnosis, or accepted treatment procedures. Because military medical practitioners actively looked for signs and symptoms of the disorder, the results correlated in a rate of diagnosis two to three times greater than previous wars.

The Vietnam War

The Vietnam War (1968-1973) witnessed the service of over 3.4 million soldiers in theatre, over 47,000 were killed in action and 153,000 were wounded.[38] The manifestation of PTSD amongst Vietnam veterans compared to previous wars associated with the United States of America continued to grow exponentially. Over 30 percent of the casualties in fighting zones received attribution due to mental affects.[39]

The fact that the Vietnam War resulted in a strategic loss combined with the graphic torture witnessed during the battle proved a determining factor. Veterans demonstrated readjustment problems accompanied by high levels of unemployment. More to this point, drug addition, divorce, suicide, ill health due to being exposed to Agent Orange, flashbacks, nightmares, depression and guilt over atrocities among others as such. The net result led to numerous behavioral studies by both the Veterans Affairs as well as civilian medical practitioners. Moreover, the Vietnam War saw the genesis of the term PTSD however, its originality began with the term *Post-Vietnam Syndrome* owing to some observations that the Veterans portrayed characteristics of being nervous, jumpy, irritable, suffering from insomnia, short fuse, and being disturbed by the fact that they had survived the war while their fellow veterans were killed.[40]

Many veterans were teenagers drafted into a politically divisive war enhanced the number that succumbed to PTSD; research points out that half a million soldiers happened to be kids still in their teens. Additionally, the discordant nature of the conflict resulted in a broken contract

between the veterans and society. Upon their return, numerous soldiers reported being spat on and termed 'baby killers'; the homecoming stress resulted in further traumatization.

Another contributing factor resulted from the individual rotation of soldiers into and out of combat. As opposed to previous conflicts, soldiers during the Vietnam War did not conduct wholesale unit rotations into combat. In reality, a soldier arrived in Vietnam, accomplished his tour of duty, and rotated home. Vietnam veterans found themselves subjected to constant fire, 24 hours a day, and forced to participate in a brutal and disturbing war[41]. Moreover, veterans flew back to the United States from war in Vietnam alone. In this sense, the Veterans moved from the blood and gore of combat zone to their hometowns within twenty-four hours.

The politically divisive nature of the war combined with individual rotations combined to cause a further disabling affect. As opposed to previous American conflicts, Vietnam Veterans did not return to elaborate welcoming home parades and ceremonies. It was a hard experience to deal with and a shocking transition. During this time, the civilian population ignored, spit on them, and was even blamed them for having lost the unpopular war[42]. The Vietnam War resulted in the greatest torture experienced; a warm welcome would have brought psychological relief. However, the situation at home widened the trauma, leaving many searching for a closure that many never found.

> Vietnam Veterans are some of the greatest heroes in history of the United States, yet their fellow citizens rejected and even betrayed them. The government together with the American society failed to appreciate and recognize them for their sacrifice. Notably, many did not anticipate the atrocities they saw or witnessed; therefore, they were psychologically disturbed, addicted to drugs, impervious to employment, and neglected. Veterans were deemed failures by the public, friends, and their families as well on their

return home[43].

The application guidelines presented in the revised DSM-IV provide highly recommended treatment guidelines. In response, the government developed drug screening and treatment programs. Additionally, the United States government made efforts to welcome the Vietnam veterans as a way of helping them to heal from the trauma. March 29, 1974, saw the remembrance of the Forgotten Hero and the birth of the Vietnam Veterans Day. Accordingly, the government also implemented policies that saw the unemployment rate reduce from 11 percent to as low as 4.4 percent.[44]

Additionally, medical practitioners sought the holistic history of the trauma in order to identify a key trigger or event. The recommended cure, usually combined counseling with the additional application of psychotherapy methods. The psychotherapy programs with the strongest demonstrated efficacy include cognitive behavioral programs. Along with this point, the strongest contributors to lasting programs came from Vietnam War survivors who understood the meaning of trauma before, during, and after the war. As such, Vietnam Veterans recognized the applicability of peer counseling through rap groups and help without hassles. In the end, the government took the step of administering psychological treatment to the veterans.

In Summary

Prior to identifying the important historical insight this paper provides it is beneficial to develop a mental model for easy reference. This table provides a synopsis of the recognized cause, symptoms, connotation, and prescribed cure for each of the five wars covered within the paper:

TIME-FRAME/ NAMING CONVENTION	PRESCRIBED CAUSE	SYMPTOMS	CONNOTATION	CURE
CIVIL WAR **SOLDIER'S HEART**	Significant mental and/ or physical trauma producing overwhelming mental or physical fatigue resulting in extreme stress to the heart.	Increased irritability, hostility to and mistrust of other people, aggressive behavior, extreme depression, avoidance, negativity, anxiety, recurring memories of the traumatic event, and hopelessness.	Overwhelmingly negative.	No prescribed cure often Soldiers individually medicated.
WORLD WAR I **SHELL SHOCK**	Psychological combat trauma stemmed from changes in the air pressure immediately following the explosion of artillery shells.	Convulsive attacks or 'epileptiform fits', sudden flight to the rear lines during attack, failure to recognize comrades, inability to answer questions, refusal to advance against the enemy even under coaxing or orders, and lying prone, 'trembling and cowering.	Initially negative however due to public perception a gradual positive perception resulted.	Relief from duty; hypnotic therapy intent on restoring the repressed memory; rest and relaxation (R&R).
WORLD WAR II **BATTLE FATIGUE**	Weakness or cowardice	Fatigue, heart palpitations, diarrhea, acute headache, the inability to concentrate, forgetfulness, somatic symptoms, disturbed sleep, tiredness, loss of initiative, indecisiveness, inattention, and, when extreme, general apathy.	Negatively, described as an easily treatable minor disorder.	United States Army organized a special research entity, which educated Soldiers, leaders, and the populace. Therapists conducted group therapy using tranquilizers, narcoanalysis, and hypnosis. Many Soldiers self medicated.
KOREAN WAR **GROSS STRESS REACTION**	Exposure to extreme emotional stress or severe physical demands	Poor concentration, attention, and memory. somatic preoccupations, clinical depression, interpersonal attachment, negative ruminations, social alienation, and self-devaluation	Positive due to the Diagnostic and Statistical Manual of Mental Disorders (DSM) characterization as something a "normal" person can suffer from.	Stress or anxiety related diagnostic process modules. Varied due to the practitioners understanding of the disorder. Rotational R&R tours.
VIETNAM **POST-VIETNAM SYNDROME**	From the DSM IV: "PTSD is believed to be caused by either physical or psychological trauma, or more frequently a combination of both".[45]	Nervous, jumpy, irritable, suffering from insomnia, short fuse, survivors guilt leading to readjustment problems	Overwhelmingly negative	Government treatment that combined counseling with psychotherapy. Peer Counseling. Recognition of Vietnam Veterans Day. Self-medication.

By applying a holistic view, essential historical tenants and lessons learned appear that need to be codified, studied, and implemented to ensure the military does not disregard the lessons of past generations. The first important piece of information demonstrates that although each war used its own naming convention the symptoms generally remained constant. In line with this, it appears that with each name change the previous wars breakthroughs in treatment procedures were lost in antiquity. Secondly, a negative PTSD connotation often resulted in the Soldiers self-medicating to deal with the disorders manifestations rather than receive the cowardice label. Lastly, the public perception of the disease played a pivotal role in the reception Soldiers suffering the mental aftereffects of combat received. The travesty is that previous military generations already solved numerous problems associated with PTSD treatment procedures; however, as this paper attests, those lessons learned were not institutionalized from war to war and in light of the current PTSD epidemic, this still has yet to occur.

The fact that each war coined a new phrase relating to combat trauma demonstrates an inability or unwillingness to build upon previous beneficial treatment procedures. No more is this self evident than the time between World War I and II. Upon the onset of World War I, Soldiers demonstrating the effects of shell shock acquired a cowardice label; however, due to public perception the antithesis gradually occurred in which the public viewed its sufferers favorably. Despite this, the onset of World War II witnessed a regression whereas Soldiers demonstrating battle fatigue manifestations again received the cowardice label. Moreover, the common perception described it as an easily treatable minor disorder. This reoccurred again between the Korean War and Vietnam. The constant regression between wars invariably leading

to the cowardice label resulted in drastic individual treatment procedures in which self-medication prevailed.

The percentage of veterans addicted to drugs, alcohol, and the use of tobacco following the Civil War, World War II, and the Vietnam War demonstrates the lengths Soldiers would go to ensure they did not receive a cowardice brand. Cecil Adams research identified that as many as 500,000 Civil War veterans developed an addiction to morphine. Moreover, 65 percent of World War II veterans adopted a lifelong cigarette habit.[46] Heroin and marijuana were the drugs of choice during service in Vietnam, many veterans departed the country heavily addicted leading to assimilation problems upon their return to America. This is not to say that veterans of Korea and World War I were impervious to drugs and alcohol; however, the positive PTSD connotation associated with both Wars directly associated in fewer veterans searching for a crutch to allow them to escape the trauma they witnessed.

Again employing a holistic viewpoint, a number of additional encouraging advancements, beyond positive connotation, directly correlated to the advancement of PTSD treatment methodologies. These include group therapy during the First World War, the establishment of education and research organizations during the Second World War, inclusion within the DSM during the Korean War, and group therapy during Vietnam.

Nevertheless, advancements after the Vietnam War provide the most substantial in the way of treatment procedures specifically within the Department of Veterans Affairs. Due to extremely negative statistics that witnessed, "Almost half [of male Vietnam theater veterans currently suffering from PTSD] had been arrested or in jail at least once — 34.2 percent more

than once — and 11.5 percent had been convicted of a felony".[47] The Veterans Affairs recognized the societal impacts PTSD sufferers were causing and began providing treatment on a grand scale.

As Mark Twain said, "History does not repeat itself but it does rhythm". This provides the most important statement in studying the significance of PTSD through the years. The characteristics of each of the five analyzed Wars provide varying insight into the treatment of its mental sufferers. However, a current RAND Corporation study demonstrates that yet again, the lessons learned did not translate into better practices:

> Approximately 1.7 million service members have deployed to Iraq and Afghanistan since October 2001, and determining how many of those returned with mental health issues including PTSD is still a subject of study. In 2007, the RAND Corp. conducted research that concluded that about one-third of those previously deployed have experienced PTSD, major depression or traumatic brain injury – and that about 300,000 currently suffer from PTSD or major depression. The U.S. Department of Veterans Affairs estimates that between 6 percent and 11 percent among Afghanistan veterans, and between 12 percent and 20 percent for veterans of the Iraq war suffer from PTSD. RAND also found that only about half (53 percent) of those who met the criteria for current PTSD or major depression had sought help from a physician or mental health provider for a mental health problem in the past year.[48]

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